

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 1
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) ESAFund			FEC IDENTIFICATION NUMBER ▼ C C00489856		
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>					
Full Name of Payee BDPC, LLC			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">11 / 07 / 2016</div>		
Mailing Address 2045 Lakeshore Drive Suite 207			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10871.25</div>		
City State Zip Code New Orleans LA 70122		Transaction ID : SE.7233 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>			
Purpose of Expenditure telephone calls		Category/ Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>			
Name of Federal Candidate Kennedy, John Neely, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: LA		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">0.00</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ► _____		
Full Name of Payee			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
Mailing Address			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
City State Zip Code		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>			
Purpose of Expenditure		Category/ Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>			
Name of Federal Candidate			<input type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: _____		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ► _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ►			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10871.25</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ►			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
(c) TOTAL Independent Expenditures..... ►			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10871.25</div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Watkins, Nancy H., , ,</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">11 / 07 / 2016</div>		